Amendments to the Specification

Please amend the specification as set forth below.

Please replace paragraph **[0010]**, page 4, with the following replacement paragraph:

[0010] The present invention is directed to the aforementioned need in the art, and provides a controlled release oral dosage form for the continuous, sustained administration of a pharmacologically active agent to the upper G.I. tract of a patient in whom the fed mode has been induced. The majority of the agent is delivered, on an extended release basis, to the stomach, duodenum and upper regions of the small intestine, with drug delivery in the lower gastrointestinal tract and colon substantially restricted. The dosage form comprises a matrix of a biocompatible, hydrophilic, erodible polymer with an active agent incorporated therein, with the active agent preferably representing at least about 60% by volume the dosage form, wherein the polymer is one that both swells in the presence of water and gradually erodes over a time period of hours, with swelling and erosion commencing upon contact with gastric fluid.

Please replace paragraph **[0100]**, page 24, with the following replacement paragraph:

[0100] Preferred active agents for administration using the present dosage forms are those that have increased aqueous solubility in more acidic media, i.e., those whose aqueous solubility increases with decreasing pH. For example, a relatively hydrophobic basic drug that exists in the form of a free base at about neutral pH but which is ionized at a lower pH could be expected to exhibit the aforementioned solubility profile. The aqueous solubility of the active agent in an acidic environment is not necessarily high; the active agent may in fact be only slightly soluble at low pH, so long as it becomes even less soluble, and preferably substantially insoluble, in water at higher pH. The active agents may be acidic, basic, or in the form of an acid addition salt. Generally, the pH at which the drug becomes substantially insoluble is in the range of 5 to 8, generally 5 to 7.5.

Please replace paragraph **[0103]**, page 51, with the following replacement paragraph:

[0103] An analytical test was performed on the solubility of ciprofloxacin in three different solutions, deionized water (DI), mSIF, and a bicarbonate-buffered solution. Ciprofloxacin was added to each solvent gradually until the solution became saturated. Each mixture was then centrifuged and the concentration of ciprofloxacin in the supernatant was analyzed by high performance liquid chromatography. The results are provided in Table 5.

Table 5. Solubility of Ciprofloxacin Hydrochloride

Receptor Media	pH Before adding Ciprofloxacin HC1	pH After Adding Ciprofloxacin HC1	Solubility of Ciprofloxacin HC1 (mg/mL)
Deionized Water	5.8	3.8	30
mSIF	6.8	6.7	0.1
Bicarbonate Buffer	6.8	8.2	0.1

Please replace paragraph **[0130]**, page 36, with the following replacement paragraph:

[0130] Drug loading may be expressed in terms of the volume fraction of drug relative to the entire dosage form, or, if the dosage form is a bilayer or trilayer tablet, in terms of the volume fraction of drug relative to the erodible layer in which it is contained. The drug loading in the present dosage forms is in the range of about 0.01% to 80%, but is preferably relatively high, i.e., at least about 60%, preferably in the range of about 60% to 80%.